

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mornam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005205 (9)**

1. Corporation Name  
**SUNHEALTH ALLIANCE, INC.**



Principal Place of Business: **4501 CHARLOTTE PARK DRIVE CHARLOTTE NC 28217 US**  
Mailing Address: **P.O. BOX 668800 CHARLOTTE NC 28266-8800**

3. Date Incorporated or Qualified: **10/06/1994**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **56-1499179**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 24  
Country: 25  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the applicant (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, L B</b>	1.2 NAME	
STREET ADDRESS	<b>3001 S. HANOVER ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALTIMORE MD 21230</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATIMER, BEN W</b>	2.2 NAME	
STREET ADDRESS	<b>4501 CHARLOTTE PARK DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, JOHN D</b>	3.2 NAME	
STREET ADDRESS	<b>550 PEACHTREE ST., NE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30365</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN, EDGAR D</b>	4.2 NAME	<b>VACANT</b>
STREET ADDRESS	<b>4007 KRESGE WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40207</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, GARY D</b>	5.2 NAME	
STREET ADDRESS	<b>4501 CHARLOTTE PARK DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28217</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTSON, THOMAS L.</b>	6.2 NAME	
STREET ADDRESS	<b>1212 3RD STREET SW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROANOKE VA</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the incorporator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes listed on an attachment with an address.

SIGNATURE: **GARY R. WRIGHT, CFO/EXEC VP** 1/22/96 704/529-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)